

Welu Dental Laboratory, Inc.

617 No. 4th Street P.O. Box 830
Fargo, ND 58102
Phone: 701-235-7511 Fax: 701-280-2850

Applicant/Employee Authorization

I authorize Welu Dental Laboratory, Inc. to obtain a copy of my driving record from the appropriate state.

I understand that driving a company vehicle may be a job requirement and that my employment with Welu Dental Laboratory may be contingent on the confirmation of an acceptable driving record.

Applicant/Employee Signature

Date

Applicant/Employee Name: _____

Drivers License #/State: _____

Date of Birth: _____